FORM D

1166455

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

02013065

AMENDED FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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CMB Number

3235-0076

Expires: May 31, 2002

Estimated average burden hours per form 1.00

SEC USE	ONLY
Prefix	Serial
DATE RE	CEIVED

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Name of Offering (☐ check if this is an a Series A Preferred Stock	mendment and name has changed, ar	_		EIVED TO
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 : Ru	le 506 Section	on 4(6) ULOELAN 2	0 000
Type of Filing: ☐ New Filing : Amen	dment			9 2002 2 3 9443
	A. BASIC IDENT	TFICATION DAT	TA 165	
1. Enter the information requested about	the issuer		Best	
Name of Issuer (□ check if this is an ame InContext Data Systems, Inc.	endment and name has changed, and	indicate change.)	day and	
Address of Executive Offices (Number of 6108 Hope Farm Lane, Wake)			Telephone N (919) 562-	fumber (including Area Code) 4441
Address of Principal Business Operation (if different from Executive Offices)	(Number and Street, City, S	State, Zip Code)	Telephone N	lumber (including Area Code)
Brief Description of Business N	atural Language Processing			
Type of Business Organization				
: corporation	☐ limited partnership, alrea	•	other (ple	ase specify):
☐ business trust	☐ limited partnership, to be	e formed		PROCESSED
	Month	Year		
Actual or Estimated Date of Incorporation	or Organization: <u>07</u>	<u>01</u> : Actua	l Estimated	FEB 1 2 2002
Jurisdiction of Incorporation or Organizat CN for Canada; FN for other foreign juris		rvice abbreviation	for State: DE	P THOMSON FINANCIAL

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below, or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer, Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General_and/or Check Box(es) that Apply: ☐ Promotor ☐Beneficial Owner ☐ Executive Officer : Director Managing Partner Full Name (Last name first, if individual) Richard Wheeler Business or Residence Address (Number and Street, City, State, Zip Code) 6108 Hope Farm Lane, Wake Forest, NC 27587 ☐ General and/or Check Box(es) that Apply: Promotor ☐ Beneficial Owner ☐ Executive Officer : Director Managing Partner Full Name (Last name first, if individual) Naomi Sager Business or Residence Address (Number and Street, City, State, Zip Code) 1 Sheridan Square, New York, NY 10014 Check Box(es) that Apply: ☐ Promotor ☐ Beneficial Owner ☐ Executive Officer : Director General and/or Managing Partner Full Name (Last name first, if individual) Paul Turgeon Business or Residence Address (Number and Street, City, State, Zip Code) 901 Sailor's Reef, Fort Collins, CO 80525 Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Promotor Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box0(es) that Apply: ☐ Executive Officer ☐ General and/or ☐ Promotor ☐ Beneficial Owner □ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promotor ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.

☐ Executive Officer

☐ Beneficial Owner

☐ Promotor

Business or Residence Address (Number and Street, City, State, Zip Code)

☐General and/or

Managing Partner

☐ Director

Check Box(es) that Apply:

Full Name (Last name first, if individual)

	•				B. IN	VFORMA'	TION ABO	OUT OFFI	ERING					
	,												Yes	No
1.	Has the	issuer sold,	or does the	e issuer inter	nd to sell, to	o non-accre	dited invest	tors in this o	offering?					:
				Answ	er also in A	Appendix, C	Column 2, if	filing unde	r ULOE.					
2.	What is	the minim	um investn	ent that wil	l be accepte	ed from any	individual	?		•••••				
2	Door th	a affarina -	aammit iaint	ownership	of a aimala								Yes	
			-	_									•	
4.	remune person	ration for so or agent of	olicitation o a broker or	ed for each p of purchaser dealer regis e associated N/A	s in connectered with	tion with sa the SEC an	ales of secu d/or with a	rities in the state or state	offering. If es, list the n	a person to ame of the	be listed is broker or de	an associa ealer. If m	ated ore th	an
Ful	ll Name	(Last name	first, if ind	ividual)										
 Bu	siness or	Residence	Address (1	Number and	Street, City	y, State, Zip	Code)							
Na	me of As	ssociated B	roker or De	ealer	:	,							<u> </u>	
 Sta	ates in W	hich Person	n Listed Ha	s Solicited o	or Intends to	o Solicit Pu	rchasers							
				dividual Sta									ПΑ	Il States
[[AL] IL] MT] RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	_ [] []	D] MO] PA] PR]
Fu	ll Name	(Last name	first, if ind	ividual)						·				
Bu	siness or	Residence	Address (1	Number and	Street, City	y, State, Zir	Code)							
Na	me of A	ssociated B	roker or De	ealer										
Sta	ates in W	hich Person	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers		.,					
]]]	(Check " [AL] [IL] [MT] [RI]	'All States" [AK] [IN] [NE] [SC]	or check ir [AZ] [IA] [NV] [SD]	ndividual Sta [AR] [KS] [NH] [TN]	ates) [CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	_ [] []	All States D] MO] PA] PR]
Fu	ll Name	(Last name	first, if ind	lividual)										
Bu	isiness or	r Residence	Address (1	Number and	Street, Cit	y, State, Zij	code)							
— Na	me of A	ssociated B	Broker or De	ealer										
Sta	ates in W	hich Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers						<u>-</u>	
				ndividual St			-						□A	ll States
 	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[] [] []	ID] MO] PA] PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already

	and already exchanged. Type of Security		Aggregate ffering Price	An	nount Already Sold
	Debt	\$_	-0-	\$	-0
]	Equity:	\$_	1,250,000	\$	175,000
	Common : Preferred				
	Convertible Securities (including warrants)	\$_	- 0-	\$	-0-
		_			
	Partnership Interests	\$_	-0-	_\$	-0-
	Other (Specify)	\$_	-0-	_\$	-0-
		\$_	1,250,000	\$_	175,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number		Aggregate ollar Amount
			Investors		of Purchases
	Accredited Investors		3	\$	175,000
	Non-accredited Investors		-0-	s	-0-
		~	N/A	s	
	Total (for filings under Rule 504 only)		N/A	_p	N/A
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Type of	ת	ollar Amount
	Type of offering		Security		Sold
	Rule 505	\$_	-0-	\$_	-0-
	Regulation A	\$	-0-	\$	-0-
	Rule 504	ς.	-0-	٠	-0-
		Ψ_		_{\$}	
	Total	\$_	-0-	2_	-0-
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			□ \$_	-0-
	Printing and Engraving Costs			□ \$_	-0-
	Legal Fees			: \$_	2,500
	Accounting Fees Engineering Fees			□ \$_ □ \$_	<u>-0-</u> -0-
	Sales Commissions (specify finders' fees separately)			☐ \$_	-0-
	Other Expenses (identify)			: \$	2,500
	// / // / // // // // /			*_	

Payments t Officers, Directors, & Affiliates	& Payments To		
\$0-	\$ -0-		
\$ -0-	\$ -0-		
\$0-	\$ -0-		
\$	\$0-		
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	ale 505, the following equest of its staff, the		
1/18/2002			
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10 V 2 C	1001		
	: 18 U.S.C.		

E. STATE SIGNATURE

1.	of such rule?	presently subject to any of the disquantication provisions.	
	See App	endix, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to furnish to any CFR 239.500) at such times as required by state law.	state administrator of any state in which this notice is filed, a notice on Form D (1'	7
3.	The undersigned issuer hereby undertakes to furnish to the offerees.	state administrators, upon written request, information furnished by the issuer to	
4.		r with the conditions that must be satisfied to be entitled to the Uniform Limited s notice is filed and understands that the issuer claiming the availability of this onditions have been satisfied.	
	ne issuer has read this notification and knows the contents to ly authorized person.	be true and has duly caused this notice to be signed on its behalf by the undersigned	d
Ī	ssuer (Print or Type)	Signature Date	
1	nContext Data Systems, Inc.	Midral Wheele 1/18/2002	
1	Name of Signer (Print or Type)	Title of Signer (Print or Type)	
1	Richard Wheeler	President and Chief Executive Officer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

Intend to sell to non-accredited investors in State (Part B-Item 1) Number of Accredited (Part C-Item 1) Type of security and aggregate offering price offering price offered in state (Part C-Item 2) Number of Accredited (Part C-Item 2) Type of security and aggregate offering price of investor and amount purchased in State (Part C-Item 2) Number of Accredited (Part C-Item 2) Number of Non-Accredited (Part C-Item 2)	1	2 3			4 5							
State Yes No		to non-a	accredited rs in State	and aggregate offering price offered in state		Type of investor and				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
AK AZ AR CA CO CO CT DE DC FL GA HI ID IL IN IN IA KS KY LA ME MD MA MI MI MN	State	Yes	No		Accredited	Amount	Accredited	Amount	Yes	No		
AZ AR CA c CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MN CA CA C C CO CT CT CO CT	AL											
AR	AK				-							
CA	AZ				1					-		
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MS	MN											
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APPENDIX									
1	Inten-	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Accredited Accredited				No
MT									
NE									
NV				:	***************************************				
NH									
NJ					<u>.</u>				
NM									
NY									
NC									
ND				<u> </u>					
OH	100 100 100 100 100 100 100 100 100 100								
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